

SEND BACK YOUR APPLICATION

First Air Yellowknife Rec Hockey Tournament

Team Name: _____ Jersey Colour(s): 1st set ____ 2nd set____

Contact Name: _____ 2nd Contact: _____

Phone Number: _____ Phone Number: _____

Email: _____ Email: _____

Division Requested; please be reminded that the Tournament Committee reserves the right to move teams in the best interest of the tournament.

A Division
First Air

B Division
Labatt

C Division
Lake Awry

D Division
Overlander

E Division
Medicine Shoppe

Expected Arrival Date and Time: _____

Teams are only registered when fee is paid
All players must be insured by Hockey Canada

Contact: Scott Campbell at scampbell@icesports.com or phone (416) 661-7685
\$750 tournament fee if paid before March 1st; \$900 after March 1st



Jersey #	First Name	Surname

Signed by Team Contact

Date

Direct questions to Dan Schofield
email: schofieldfam@northwestel.net
Fax: (867) 873-0584
Tel: (867) 445-2570

Make cheques payable mailed to:
Yellowknife Rec Hockey Association
9 Glowach Court
Yellowknife, NT X1A 3M9